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(Attorney/Agent)	Food muraus at 4 - 4	Complete if Known									
Applicant claims small entity status. See 37 CFR 1.27   Examiner Name   Not Yet Known   At Unit   37.43     TOTAL AMOUNT OF PAYMENT   (\$) 0   At Unit   37.43     METHOD OF PAYMENT (check all that apply)		Application N	' '			69					
Applicant claims small entity status. See 37 CFR 1.27   Art Unit   37.43   Attorney Docket No.   SHP-PT090		Filing Date		Not Yet Known							
Art Unit   3743	For FY 2007				First Named I	nventor	Robert Charles Sutton et al.		ton et al.		
Art Unit   3743   Attorney Docket No.   SHP-PT090	Applicant claims small entity status   See 37 CFR 1 27				Examiner Name Not Ye		Not Yet K	Known			
METHOD OF PAYMENT (check all that apply)  Check	<u>.</u>				Art Unit 3743		3743				
Check	TOTAL AMOUNT OF PAYMENT (\$) 0			Attorney Dock	ket No.	SHP-PT090					
Deposit Account   Deposit Account Number 22-0493   Deposit Account Name   Volpe and Koenig, P.C.	METHOD OF PAYMENT (check all that apply)										
Deposit Account   Deposit Account   Number: 22-0493   Deposit Account   Name: Volpe and Koenig, P.C.	Check Credit Card Money Order None Other (please identify):										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below.   Charge fee(s) indicated below.   except for the filing fee   Charge fee(s) indicated below.   Charge fee(s) indicated below.   except for the filing fee   Charge fee(s) indicated below.   except for the filing fee   Charge fee(s) indicated below.   except for the filing fee   Charge fee(s) indicated below.   except for the filing fee   Charge fee(s) indicated below.   except for the filing fee   Charge fee(s) indicated below.   except for the filing fee   Charge fee(s) indicated below.   except for the filing fee   Charge fee(s) indicated below.   except for the filing fee   Charge fee(s) indicated below.   except for the filing fee   Charge fee(s) indicated below.   except for the filing fee   Charge fee(s) indicated below.   except for the filing fee   Charge fee(s) indicated below.   except for the filing fee   Charge fee(s) indicated below.   except for the filing fee   Charge fee(s) indicated below.   except for the filing fee   Charge fee(s) indicated below.   except for the filing fee   Charge fee(s) indicated below.   except for the filing fee   Charge fee(s) indicated below.   except for the filing fee   Charge fe											
Charge any additional fee(s) or underpayments of fee(s)	<u> </u>										
Charge any additional fee(s) or underpayments of fee(s)  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (s) Fe	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.    FEE CALCULATION	Charge any additional fee(s) or underpayments of fee(s)										
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BASIC FILING, SEARCH, AND EXAMINATION FEES											
FILING FEES   Small Entity   Fee (\$)   Fee (											
Multiple dependent claims   Fee (\$)   Fee (\$	, , , , , , , , , , , , , , , , , , ,										
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2. EXCESS CLAIM FEES Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claims  Multiple dependent claims  Total Claims  Extra Claims Fee (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims Fee (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof  - 100 =							•				
Fee Description   Each claim over 20 (including Reissues)   50   25		0	(	) (		Small Forth					
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Total Sheets  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof sheets of paper (round up to a whole number) x  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Aumber of each additional 50 or fraction thereof sheets	F (A)										
Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Substitution and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  F	Each claim over 20 (including Reissues)								25		
Total Claims  Extra Claims Fee (\$) Fee Paid (\$)  Multiple Dependent Claims Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20. Indep. Claims Fee (\$) Fee Paid (\$)  - 3 or HP =											
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sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof - 100 =											
Total Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)    4. OTHER FEE(S)   Non-English Specification, \$130 fee (no small entity discount)   Other (e.g., late filing surcharge):   Fees Paid (\$)    SUBMITTED BY   Registration No. (Attorney/Agent)   48,684   Telephone 215-568-6400	sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):  SUBMITTED BY  dignature    Registration No. (Attorney/Agent) 48,684   Telephone 215-568-6400	Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):  SUBMITTED BY  Signature /Robert J. Ballarini/ Registration No. (Attorney/Agent) 48,684  Telephone 215-568-6400	4 OTHER FEE(0)										
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	Signature	/Robert J. Ballari	ni/		Registration No	egistration No.			one 215-568-6400		
	Name (Print/Type)		Allomey/Agent)								

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.